

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Maria Norma Jacinto ARCH-EC	CHAPTER 100.1
Address: 94-332 Kipou Place, Waipahu, Hawaii 96797	Inspection Date: August 2, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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9/24/2019 11:39 AM

STATE OF HAWAII
DOH-OHCA LICENSING SECTION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.</p> <p><u>FINDINGS</u> Resident #1, no review of the General Operational Policy (GOP) upon readmission on 7/27/19. GOP dated 4/1/19.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, General operational policy reviewed with resident together with primary care giver and updated, signed by resident and primary care giver</p>	8/3/19

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9/24/2019 11:40 AM

STATE OF HAWAII
DOH-OHCA LICENSING SECTION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.</p> <p><u>FINDINGS</u> Resident #1, no review of the General Operational Policy (GOP) upon readmission on 7/27/19. GOP dated 4/1/19.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>On the day of admission or re-admission I have to use the ARCH-Expanded ARCH resident admission / re-admission check list so it doesn't happen again.</i></p>	<p><i>8/3/19</i></p> <p>RECEIVED</p>

9/24/2019 11:40 AM

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1, no inventory (8/1/18) update upon readmission.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, brought out all his personal belongings and checked and accounted. Resident signed and counter signed by PCG</p>	<p>8/3/19</p> <p>RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1, no inventory (8/1/18) update upon readmission.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>on the day of admission / on re: admission I will refer to the residents record folder list so as not to happen again.</p>	<p>8/3/19</p> <p>RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> Unsecured over-the-counter medications in two (2) first aid kits.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Deficiency corrected right away. Removed the unsecured medicine and put place in safe place for personal use.</i></p>	<p align="center">8/2/19</p> <p align="right">RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> Unsecured over-the-counter medications in two (2) first aid kits.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>when purchase new ER-kit I will check inside and remove all over the counter medicine and put in safe place and for personal use.</p>	<p>8/2/19</p> <p>RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (h) All persons who prepare food shall wash their hands with soap and water prior to food preparation and cooking.</p> <p><u>FINDINGS</u> No single use hand towels available in resident bathroom.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY <i>yes</i></p> <p><i>instructed my husband to install paper towel holder and place ^{roll} paper towel to use.</i></p>	<p>8/3/19</p> <p>RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (h) All persons who prepare food shall wash their hands with soap and water prior to food preparation and cooking.</p> <p><u>FINDINGS</u> No single use hand towels available in resident bathroom.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I didn't know so I just put towel to use inside BR. Discussed with my nurse consultant and suggestion offered and followed it.</p>	<p>8/3/19</p> <p>RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(3) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p>FINDINGS Resident #1, outdated Emergency Information Form:</p> <ol style="list-style-type: none"> 1. No contact person listed; however, primary care giver (PCG) keeps niece's number in cell phone. 2. Mobility, "fully ambulatory with two quad canes." However, "Fully Ambulatory" means ability to move on foot from place to place without use of any mechanical device and/or human assistance. 3. No evidence of Foley catheter. 4. No evidence of current medications. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <ol style="list-style-type: none"> 1. Contacted niece and ask permission if I can put her as her contact person in case of emergency and she okayed. 2. Updated mobility that is appropriate to residence in the resident emergency information. 3. Entered the use of foley catheter in the resident emergency information. 4. Updated current list of medications in the resident emergency information. <p style="text-align: right;">RECEIVED</p>	<p>8/2/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(3) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p><u>FINDINGS</u> Resident #1, outdated Emergency Information Form:</p> <ol style="list-style-type: none"> 1. No contact person listed; however, primary care giver (PCG) keeps niece's number in cell phone. 2. Mobility, "fully ambulatory with two quad canes." However, "Fully Ambulatory" means ability to move on foot from place to place without use of any mechanical device and/or human assistance. 3. No evidence of Foley catheter. 4. No evidence of current medications. 	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ol style="list-style-type: none"> 1. On the day of admission I will fill up all the information pertaining to the resident and use checklist 2. On admission the admin I will will use the checklist and fill up the information pertaining to the resident 3. Assessed resident head to toe during admission and and check the things connected to the resident. 4. Use checklist on the day of admission and list of meds. will be the same as in the transfer form & in the emergency information form 	<p align="center">8/3/19</p> <p align="right">RECEIVED 9/24/2019 11:40 AM STATE OF HAWAII DOH-OHCA LICENSING SECTION</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-18 <u>Recreational, rehabilitative programs, and social services.</u> (a) Residents shall be up and out of bed and appropriately dressed daily, unless physician or APRN orders indicate otherwise.</p> <p>FINDINGS Resident #1, no orders for bedrest; however, resident observed in bed during the annual inspection.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Spoke with resident and made aware of deficiency and resident stated "I just get sick & can't tolerate long sitting position in wheelchair" Obtained order from MD. Up in wheelchair & meal as tolerated by resident.</i></p>	<p>8/3/19</p> <p>RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-18 <u>Recreational, rehabilitative programs, and social services.</u> (a) Residents shall be up and out of bed and appropriately dressed daily, unless physician or APRN orders indicate otherwise.</p> <p><u>FINDINGS</u> Resident #1, no orders for bedrest; however, resident observed in bed during the annual inspection.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Obtained order from MD okay for resident to stay in bed since resident sick just got ^{MD}sick and just discharged from hosp.</p>	<p>8/19</p> <p>RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p>FINDINGS Resident #1, observed eating lunch in bed. However, no physician orders to indicate resident to eat meals in the bed.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Spoke with resident and made aware of deficiency despite of all explanation and his very hesitant stated "you don't feel how I feel, where's my right?" Obtained order from MD that he eat his meal in the bed PRN if resident can not tolerate long sitting position in the wheelchair.</i></p>	<p>8/3/19</p> <p>RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1, no evidence of a comprehensive assessment by the Case Manager upon readmission.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Primary care giver called case manager RN to come and do comprehensive assessment of resident on re-admission. I'll let her know that I'm expecting my annual inspection on any time and any day of August</p>	<p align="center">8/3/19</p> <p align="right">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1, no evidence of a comprehensive assessment by the Case Manager upon readmission.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To prevent this problem, as CHD I will call case manager RN as soon as discharge home is planned in order to coordinate re-admission assessment.</i></p>	<p><i>8/3/19</i></p> <p>RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1, diet order changed on 6/14/19 to "Heart Healthy" diet; however, care plan (7/13/19) reads, Cardiac Diet (Low Na, Low Chol, Low Fat.)</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Case home operation called DOH dietitian and verify re: residents ↓ Na, ↓ fat, ↓ chol. (cardiac diet) - spoke with Annette and stated can change to heart healthy diet coz its the same as ↓ fat, ↓ Na, ↓ chol. (cardiac diet) so RD case manager changed to heart healthy diet in the care plan.</p>	<p align="center">8/5/19</p> <p align="right">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1, diet order changed on 6/14/19 to "Heart Healthy" diet; however, care plan (7/13/19) reads, Cardiac Diet (Low Na, Low Chol, Low Fat.)</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>As care home operator I will communicate order changes on the day they occur. I'll put sticky note on care plan to remind RN-case manager of changes.</i></p>	<p><i>8/5/19</i></p> <p>RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u></p> <p>Resident #1, no evidence of care giver training by the case manager for PRN rectal suppository or Foley catheter care.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Called all substitute and made them aware of deficiency and training done on how to insert rectal suppository and how to do foley ^{or} catheter care.</p>	<p>8/3/19</p> <p>RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1, no evidence of care giver training by the case manager for PRN rectal suppository or Foley catheter care.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will use care giver training checklist on the day of admission.</i></p>	<p>8/3/19</p> <p>RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><u>FINDINGS</u> Resident #1, no evidence of monitoring resident status by Case Manager for "At Risk For Nutritional Deficit." No record factors contributing to loss of more than five (5) pounds. I.e., Weight loss, 146# (7/2019) to 137# (8/2019.)</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>As care home operator I'll tell RN-case manager to come and re-assess / re-admit the patient ready for my ¹²⁵ so unannounced annual inspection. Also, I will put sticky note on the nutrition care plan to remind RN-case manager of changes.</i></p>	<p>8/3/19</p> <p>RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><u>FINDINGS</u> Resident #1, no evidence of monitoring resident status by Case Manager for "At Risk For Nutritional Deficit." No record factors contributing to loss of more than five (5) pounds. I.e., Weight loss, 146# (7/2019) to 137# (8/2019.)</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Care home operator will call RN CM as soon as discharge home is planned ^{HS} and in order to coordinate re-admission assessment. As Care home operator is my responsibility to notify RN - case manager re: less weight of 9 lbs. and notify her that I'm expecting my annual surveyor for month of Aug so she can come on the day of re-admission.</p>	<p>8/3/19</p> <p>RECEIVED</p>

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Licensee's/Administrator's Signature: Maria Norma Jacinto

Print Name: Maria Norma M. Jacinto

Date: 9/19/19